

FORM LM-30
LABOR ORGANIZATION OFFICER AND
EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

For Official Use Only



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U- <input type="text" value="11829"/>	2. Fiscal Year Covered From: <input type="text" value="11/1/2004"/> Through <input type="text" value="12/31/2004"/>
3. Name and address of person filing. Name <input type="text" value="JOSEPH A. SCHAFFER"/>	
P.O. Box, Bldg., Room No., if any <input type="text" value="PO Box 14485"/>	4. Name, file number, and address of labor organization. Name <input type="text" value="UNITED ASSOCIATION OF PLUMBERS & PIPEFITTERS"/> Labor Organization File Number <input type="text" value="542-367"/> LOCAL 26
Street <input type="text"/>	P.O. Box, Building and Room Number, if any <input type="text"/>
City <input type="text" value="TUMWATER WA"/>	Street <input type="text" value="8501 ZENITH CT. NE"/>
State <input type="text" value="WASHINGTON"/>	City <input type="text" value="LACEY"/>
ZIP Code + 4 <input type="text" value="98511-4485"/>	State <input type="text" value="WA"/>
ZIP Code + 4 <input type="text" value="98516"/>	
5. Position in labor organization. <input type="text" value="MEMBER / HEALTH & WELFARE TRUSTEE"/>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests
(except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	B. Name and address of Employer (including trade name, if any).
Name <input type="text"/>	
Trade Name, if any: <input type="text"/>	
P.O. Box, Bldg., Room No., if any <input type="text"/>	
Street <input type="text"/>	
City <input type="text"/>	
State <input type="text"/> ZIP Code + 4 <input type="text"/>	
7.a. Nature of Interest, Transaction, or Income. <input type="text" value="To THE BEST OF my Knowledge
I HAVE NOT RECEIVED ANYTHING
OF VALUE (I.E. GIFTS) FROM ANY
EMPLOYER"/>	
7.b. Amount. <input type="text"/>	

Signature

8. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

On

Date

Telephone Number

Name of Person Filing <u>JOSEPH A SCHAFER</u>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name: NORTHWEST PLUMBING & PIPEFITTING
 Trade Name, if any: HEALTH, WELFARE & VACATION TRUST
 P.O. Box, Bldg., Room No., if any PO BOX 34203
 Street 2815 SECOND AVE SUITE 300
 City Seattle
 State WA. ZIP Code + 4 98124

9. Business deals with:

a. Labor Organization
 b. Trust
 c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name NORTHWEST PLUMBING & PIPEFITTING
 Trade Name, if any: HEALTH, WELFARE & VACATION TRUST
 P.O. Box, Bldg., Room No., if any PO BOX 34203
 Street 2815 SECOND AVE SUITE 300
 City Seattle WA
 State WASHINGTON ZIP Code + 4 98124

11.a. Nature of such dealing.
ATTENDANCE AT IGEA BP CONFERENCE
 NEW ORLEANS, LA. SEATTLE TRUST
 MEETINGS, AND POST FAHS JUBILEE
 & PPL CONVENTION IN WENatchee
 WA.

11.b. Approximate dollar value of such dealing. 7956.36

12.a. Nature of interest held or income received.
REIMBURSEMENT FOR TRAVEL, MEALS,
 LODGING, AND REIMBURSEMENT
 OF LOST WAGES

12.b. Amount. 7,956.36

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name <input type="text"/>	<input checked="" type="checkbox"/>
Trade Name, if any: <input type="text"/>	<input type="checkbox"/>
P.O. Box, Bldg., Room No., if any <input type="text"/>	<input type="checkbox"/>
Street <input type="text"/>	<input type="checkbox"/>
City <input type="text"/>	<input type="checkbox"/>
State <input type="text"/> ZIP Code + 4 <input type="text"/>	<input type="checkbox"/>
13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	14.b. Amount of payment. <input type="text"/>